



Licensing Division  
Finance Department

# City of Morgantown

## Application for Municipal License

RETURN TO CITY OF MORGANTOWN 389 SPRUCE ST. MORGANTOWN, WV 26505

### I AM APPLYING FOR A:

- ☐ CONTRACTOR LICENSE \$90.00 COMPLETE TOP SECTION ONLY  
☐ ELECTRICIANS LICENSE \$20.00 COMPLETE TOP SECTION ONLY  
\*YOU MUST ATTACH YOUR CURRENT STATE CONTRACTORS LICENSE\*  
☐ HANDYMAN LICENSE \$0 COMPLETE FULL APPLICATION  
\*YOU MUST ATTACH YOUR CURRENT STATE BUSINESS REGISTRATION\*

### BUSINESS AND OCCUPATION TAXES TO BE FILED

- ☐ QUARTERLY  
☐ BY THE JOB (MUST PAY B&O TAXES IN FULL AT START OF JOB)  
\*ALL HANDYMEN MUST FILE BY THE JOB\*

\$ \_\_\_\_\_ # \_\_\_\_\_

LIC. # \_\_\_\_\_

OFFICE USE ONLY

LEGAL NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

EMAIL: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

CONTRACTING TYPE: ☐ GENERAL  
☐ HVAC

☐ MASONRY  
☐ OTHER \_\_\_\_\_

☐ PLUMBING

☐ PLUMBING

FORM OF BUSINESS: ☐ PROPRIETORSHIP  
☐ PARTNERSHIP

☐ CORPORATION  
☐ OTHER \_\_\_\_\_

☐ LIMITED LIABILITY CO.

FEDERAL IDENTIFICATION NUMBER: \_\_\_\_\_ DATE BUSINESS BEGAN IN CITY: \_\_\_\_\_

*I certify this application to be true and accurate to the best of my knowledge.*

SIGN: \_\_\_\_\_ DATE \_\_\_\_\_

PRINT: \_\_\_\_\_

### AFFIDAVIT FOR HANDYMAN -ATTACH YOUR STATE BUSINESS REGISTRATION

THIS IS TO CERTIFY THAT THE ABOVE LISTED CONTRACTOR IS EXEMPT FROM THE CONTRACTORS' LICENSING PROVISIONS INCLUDED IN ARTICLE 11, SECTION 21 OF THE WEST VIRGINIA STATE CODE AND CHAPTER 3, ARTICLE 768 OF THE MORGANTOWN CITY CODE FOR THE REASON THAT THE COMPENSATION FOR EACH CONSTRUCTION UNDERTAKING, AS DEFINED IN THE ABOVE REFERENCED CODE SECTIONS, ENTERED INTO BY THE HEREIN NAMED CONTRACTOR IS LESS THAN \$2,500.00.

SIGN: \_\_\_\_\_ DATE \_\_\_\_\_

PRINT: \_\_\_\_\_

COUNTY OF MONONGALIA, CITY OF MORGANTOWN

TAKEN, SWORN, AND SUBSCRIBED TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

SEAL

NOTARY PUBLIC \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_

# OWNER – PARTNER – OFFICER – MEMBER INFORMATION

NAME
ADDRESS
PHONE
EMAIL
SOCIAL SECURITY NUMBER

NAME
ADDRESS
PHONE
EMAIL
SOCIAL SECURITY NUMBER

NAME
ADDRESS
PHONE
EMAIL
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Attach additional sheets if necessary